. . .....

	Tompkins County Sheriff's Office		
779 Warren Road	TI	EL: (607) 257-1345	
Ithaca, NY 14850	FA FA	AX: (607) 266-5436	
Derek R. Osborne		Jennifer K. Olin	
Sheriff	TOMPKINS	Undersheriff	
	<b>Co-Registration Form</b>		
Ι,	, the undersigned hold a valid New York State F	vistol Permit,	
number, in	county.		
I give consent to have the followi	ng firearm(s) co-registered to	,	
who holds a valid New York State	Pistol Permit, number		

## LIST ALL FIREARMS THAT YOU WOULD LIKE TO CO-REGISTER

MAKE	REV/AUTO	MODEL	CALIBER	SERIAL #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

(use back of form to list additional weapons)

Date	Signa	ature	
Witness Signature			

\*\*As a Co-Registrant you are responsible to make sure that you report any disposals of the firearm same as if you are the primary owner of the firearm\*\*

## **Tompkins County Sheriff's Office**

779 Warren Road Ithaca, NY 14850

Derek R. Osborne Sheriff



TEL: (607) 257-1345 FAX: (607) 266-5436

> Jennifer K. Olin Undersheriff

## Co-Registration of Firearms in Tompkins County

Complete the Tompkins County Sheriff's Office Co-Registration Form. The form can be completed at the Sheriff's Office with both the Pistol Owner and the Co-Registrant present. If both parties cannot be present at the Sheriff's Office, the Pistol Owner can have the document notarized and the Co-Registrant can then submit the form to the Sheriff's Office.

\*\*As a Co-Registrant you are responsible to make sure that you report any disposals of the firearm same as if you are the primary owner of the firearm\*\*